

**Report for:** **Health and Wellbeing Board**

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<b>Date of Meeting:</b>	27 <sup>th</sup> September 2022
<b>Subject:</b>	Pharmaceutical Needs Assessment
<b>Responsible Officer:</b>	Carole Furlong. Director of Public Health.
<b>Public:</b>	Yes
<b>Wards affected:</b>	All wards
<b>Enclosures:</b>	Pharmaceutical Needs Assessment 2022

**Section 1 – Summary and Recommendations**

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This report makes an assessment on the level of Community Pharmacy provision in Harrow. The recommendations of the PNA are used by NHS England to ensure there are sufficient Community Pharmacy contracts in place.

**Recommendations:**

The Board is requested to: Approve the conclusion of the report that there are sufficient Community Pharmacy contracts in Harrow.

## **Section 2 – Report**

### **Background**

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA) once every three years. The PNA must be refreshed as soon as it is reasonably practicable, after identifying any changes in local supply. The mapping of pharmaceutical services against local health needs provides Harrow Council HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Clearly identify and address any local gaps in pharmaceutical services

### **Consultation and engagement**

The PNA 2022 has been produced through the PNA Steering Group for Harrow HWB with authoring support from Soar Beyond Ltd. The steering group began on the 1 September 2021 with agreement of the consultation process and project plan. The consultation process involved three questionnaires, and a consultation on the draft PNA that was undertaken between 25 April 2022 and 24 June 2022.

### **PNA questionnaires**

1. Public questionnaire on pharmacy provision  
A public questionnaire to establish views about pharmacy services was produced by the Steering Group which was circulated to:
  - All residents in Harrow via Healthwatch webpage/social media/December newsletters
  - All residents in Harrow via the council's webpage/social media/website news article
  - Internally to all staff via the Yammer network and newsletter
  - All residents in Harrow via Soar Beyond's social media channels

A total of 219 responses were received.

2. Pharmacy contractor questionnaire  
The Steering Group agreed on a questionnaire to be distributed to all local community pharmacies.

A total of 47 responses were received.

3. Primary Care Network questionnaire  
The Steering Group agreed on a questionnaire to be distributed to all Primary Care Networks (PCNs) within Harrow to inform the PNA.

Two responses were received.

## Current Situation

Harrow Council has 62 pharmacies – 57 community and five Distance-Selling Pharmacies (DSPs)– as of March 2022 for a population of around 252,338. Provision of current pharmaceutical services is well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided by pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Harrow is currently 24.6, which has increased slightly from 24.2 in 2018.

A majority (66%) of community pharmacies in Harrow are open on weekday evenings (after 6 pm) and a high majority (89%) on Saturdays. A number are open on Sundays (20%), mainly in shopping areas.

There is a much higher than national ratio of independent providers to multiples (68% in Harrow compared to a national average of 40% based on 2020-21 figures).

Community Pharmacies operate under a contractual framework with NHS England. The three levels of service are denoted in Table 1.

**Table 1. Community Pharmacy Contractual Framework**

<b>Essential Services</b>	Negotiated nationally, provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. ES 1: Dispensing of medicines ES 2: Repeat dispensing/electronic repeat dispensing ES 3: Disposal of unwanted medicines ES 4: Public health (promotion of healthy lifestyles) ES 5: Signposting patients to other healthcare providers ES 6: Support for self-care ES 7: Discharge Medicines Service
<b>Advanced Services</b>	Negotiated nationally, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. A.1 Appliance Use Review A.2 Stoma Appliance Customisation (SAC) A.3 C-19 lateral flow device distribution service (stops 1 April 2022) A.4 Pandemic delivery service (Stops 23:59, 5 March 2022) A.5 Community Pharmacist Consultation Service (CPCS) A.6 Flu vaccination service A.7 Hepatitis C testing service A.8 Hypertension case-finding service A.9 New Medicine Service (NMS) A.10 Smoking Cessation Advanced Service
<b>Enhanced Services</b>	Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned. These services are only commissioned by NHS England. <ul style="list-style-type: none"><li>• COVID-19 vaccination</li><li>• London Vaccination Service</li><li>• Bank Holiday Services</li><li>• New Medicine Service (NMS)</li><li>• Christmas day and Easter Sunday Services</li></ul>

## **Prospect for future development**

Community Pharmacies may also provide Locally Commissioned Services (LCS), however the PNA is mindful that only those commissioned by NHS England are regarded as pharmaceutical services, and as such, LCS are not within the scope of the PNA. Examples of LCS include needle exchange services and palliative care medicine supply.

As part of the community pharmacy contractor questionnaire, there were 32 responses indicating a willingness to provide other services. Examples of other services include 88% indicating they would provide chlamydia testing if commissioned and 91% indicating they would provide an asthma or diabetes service if commissioned

Of the 219 public responses, 93% have a regular or preferred pharmacy, and 91% describe the service as good or excellent, 58% of respondents reported visiting a pharmacy once a month or more for themselves in the past six months.

The Community Pharmacy network is prepared to work with local commissioners to address need, and the local public have a high regard for the Community Pharmacy provision. With the high concentration of independent Community Pharmacies particular to Harrow there is a greater opportunity to engage and develop Community Pharmacy in line with other local health and care providers.

## **Conclusion**

The PNA concludes that there are no gaps in the provision of essential, advanced, or enhanced pharmaceutical services currently or anticipated over the next three years.

The prospect of further development of the Community Pharmacy network is worth exploring separately but beyond the scope of the PNA. *A working group has been established to better coordinate the potential engagement avenues that Community Pharmacy have with the public, and to understand some of the technical and reputational barriers that the public may face in recognising Community Pharmacy as a point of contact for health and wellbeing concerns.*

## **Considerations**

The PNA does not present any resource implications for the Harrow health and care partnership.

It is noted that the Building Homes and Infrastructure section of the report was written and began consultation prior to May 2022. Accordingly, it is presented within the report in the original form, subsequent changes to development policy will not change the conclusions of the PNA.

## **Ward Councillors' comments**

### **Financial Implications/Comments**

The costs of carrying out the Pharmaceutical Needs Assessment of £26k were funded by the ringfenced Public Health Grant in 2021-22.

There are no additional financial implications arising from this report.

### **Legal Implications/Comments**

The National Health Service Act 2006 amended by the Health and Social Care Act 2012, sets out the requirements for health and wellbeing boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care powers to make regulations.

A key responsibility of the Health and Wellbeing Board is to produce a Pharmaceutical Needs Assessment and revise every three years.

### **Risk Management Implications**

The PNA does not present any risks, or suggest any mitigation

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below.  
**n/a**

### **Equalities implications / Public Sector Equality Duty**

Was an Equality Impact Assessment carried out? **Yes**

The EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed.

### **Section 3 - Statutory Officer Clearance (Council and Joint Reports)**

**Statutory Officer:**

Signed on \*behalf of/by the Chief Financial Officer

**Donna Edwards**

**Date: 14/09/2022**

**Statutory Officer:**

Signed on \*behalf of/by the Monitoring Officer

**Sharon Clarke**

**Date: 14/09/2022**

**Chief Officer:**

Signed by the Corporate Director

**Senel Arkut**

**Date: 14/09/2022**

### **Mandatory Checks**

Ward Councillors notified: NO, as it impacts on all Wards

### **Section 4 - Contact Details and Background Papers**

**Contact:** Laurence Gibson, Consultant in Public Health,  
[Laurence.Gibson@harrow.gov.uk](mailto:Laurence.Gibson@harrow.gov.uk)

**Background Papers:** Pharmaceutical Needs Assessment 2022

If appropriate, does the report include the following considerations?

1. Consultation YES